

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

JAY BONNER FOR CONGRESS

ADDRESS (number and street)
▼

P. O. BOX 31224

Check if different
than previously
reported. (ACC)

PALM BEACH GARDENS

FL

33420

2. FEC IDENTIFICATION NUMBER ▼

C

C00550848

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. DYNDALE L ANDERSON

Signature of Treasurer

Mr. DYNDALE L ANDERSON

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

JAY BONNER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	880.00	2776.97
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	880.00	2776.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1798.81	4792.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1798.81	4792.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3624.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 9

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JAY BONNER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

250.00

1752.80

(ii) Unitemized.....

630.00

935.29

(iii) TOTAL of contributions from individuals ▶

880.00

2688.09

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

88.88

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

880.00

2776.97

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

880.00

2776.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1798.81	4792.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1798.81	4792.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4542.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	880.00
25. SUBTOTAL (add Line 23 and Line 24).....	5422.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1798.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3624.14

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

STEVEN ROWITT**A.**

Mailing Address 4135 NW 67TH WAY

City

CORAL SPRINGS

State

FL

Zip Code

33067

FEC ID number of contributing
federal political committee.

C

Name of Employer

CREATION STUDIES INSTITUTE

Occupation

PASTOR

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11Al.4416

Amount of Each Receipt this Period

250.00

DONATION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

250.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 9

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITAL BANKCARD

Mailing Address 1 FEDERAL STREET, 2ND FLOOR

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement
BANK FEE

001

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

Amount of Each Disbursement this Period

61.85

Transaction ID : SB17.4438

B. CAPITAL BANKCARD

Mailing Address 1 FEDERAL STREET, 2ND FLOOR

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement
MERCHANT BANK FEE

001

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

61.85

Transaction ID : SB17.4440

C. CAPITAL BANKCARD

Mailing Address 1 FEDERAL STREET, 2ND FLOOR

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement
MERCHANT BANK FEE

001

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2015

Amount of Each Disbursement this Period

61.85

Transaction ID : SB17.4439

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

185.55

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITAL ONE BANK

Mailing Address P.O.BOX 71083

City	State	Zip Code
CHARLOTTE	NC	28272-1083

Purpose of Disbursement
ADVERTISEMENT

004

Category/
Type

Candidate Name

JAY BONNER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2015

Amount of Each Disbursement this Period

315.30

Transaction ID : SB17.4422

B. CAPITAL ONE BANK

Mailing Address P.O.BOX 71083

City	State	Zip Code
CHARLOTTE	NC	28272-1083

Purpose of Disbursement
STATIONERY

001

Category/
Type

Candidate Name

JAY BONNER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

18.43

Transaction ID : SB17.4430

C. CAPITAL ONE BANK

Mailing Address P.O.BOX 71083

City	State	Zip Code
CHARLOTTE	NC	28272-1083

Purpose of Disbursement
STATIONERY

001

Category/
Type

Candidate Name

JAY BONNER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

Amount of Each Disbursement this Period

314.83

Transaction ID : SB17.4431

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

648.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 9

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SAVINGS ACCOUNT- JAYBONNER FOR CONGRESS

Mailing Address 900 WEST INDIANTOWN ROAD

City	State	Zip Code
JUPITER	FL	33458

Purpose of Disbursement
TRANSFER TO SAVINGS

008

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.4441

B. SAVINGS ACCOUNT- JAYBONNER FOR CONGRESS

Mailing Address 900 WEST INDIANTOWN ROAD

City	State	Zip Code
JUPITER	FL	33458

Purpose of Disbursement
TRANSFER TO SAVINGS

008

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.4442

C. SAVINGS ACCOUNT- JAYBONNER FOR CONGRESS

Mailing Address 900 WEST INDIANTOWN ROAD

City	State	Zip Code
JUPITER	FL	33458

Purpose of Disbursement
TRANSFER TO SAVINGS

008

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.4443

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

450.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 9

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JAY BONNER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WRIGHT, INC

Mailing Address 2425 PRESIDENTIAL WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

City	State	Zip Code
WEST PALM BEACH	FL	33401

Purpose of Disbursement
T-SHIRTS

004

Amount of Each Disbursement this Period

238.00

Transaction ID : SB17.4428

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Full Name (Last, First, Middle Initial)

B. WRIGHT, INC

Mailing Address 2425 PRESIDENTIAL WAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2015

City	State	Zip Code
WEST PALM BEACH	FL	33401

Purpose of Disbursement
T-SHIRTS

004

Amount of Each Disbursement this Period

238.00

Transaction ID : SB17.4429

Candidate Name

JAY BONNER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: FL District: 20

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

476.00

1760.11